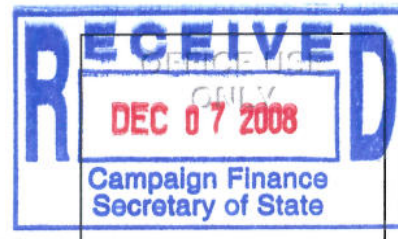


CANDIDATE REPORT OF 2008  
RECEIPTS AND DISBURSEMENTS



Name of Candidate ROGER G. ISHEE  
Address 21-48<sup>TH</sup> ST, GULFPORT, MS 39507-4038 County HARRISON  
Telephone <sup>CELL</sup> 228 860-3017 (Home) 228 864-4975 (Fax) 228 864-0929  
Contact Name ROGER G. ISHEE Email Address rishee@house.ms.gov  
Office Sought STATE HOUSE DISTRICT 118 Political Party REPUBLICAN

☐ Check here if above is different from previous report

TYPE OF REPORT

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

- ☐ October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008).....Mandatory  
☐ November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008).....Runoff Candidates  
☒ January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008).....Mandatory  
☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

IMPORTANT

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.  
(2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).  
(3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.  
(4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions \$	1,750 + \$ 500	\$ 2,250	\$ 2,250
Total amount of disbursements \$	0 + \$ 527	\$ 527	\$ 527
(INCLUDES \$493 FROM 2007) Total amount of cash on hand \$ 2,216			

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Roger G. Ishee  
(Signature of Candidate)

JAN. 7, 2009  
(Date)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

- SEND TO:
1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
  2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

RECEIVED  
JAN 07 2009

Secretary of State  
Capitol Office

Name of Candidate or Committee ROGER G. ISHEE  
 Reporting period JAN. 1, 2008 through DEC. 31, 2008

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>UNITED HEALTH CARE SERVICES, INC.</u>		<u>7/30/08</u>	\$ <u>250</u>
Mailing Address <u>P.O. BOX 1459</u>		___/___/___	\$
City, State, Zip Code <u>MINNEAPOLIS, MN 55440-1459</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CHEVRON</u>		<u>11/24/08</u>	\$ <u>1,000</u>
Mailing Address <u>P.O. BOX 9034</u>		___/___/___	\$
City, State, Zip Code <u>CONCORD, CA 94524</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CHECK INTO CASH OF MISSISSIPPI, INC.</u>		<u>12/17/08</u>	\$ <u>250</u>
Mailing Address <u>P.O. BOX 550</u>		___/___/___	\$
City, State, Zip Code <u>CLEVELAND, TN 37364-0550</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>GEORGIA PACIFIC FINANCIAL MANAGEMENT LLC</u>		<u>12/31/08</u>	\$ <u>250</u>
Mailing Address <u>P.O. BOX 61270</u>		___/___/___	\$
City, State, Zip Code <u>PHOENIX, AZ 85082-1270</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250</u>

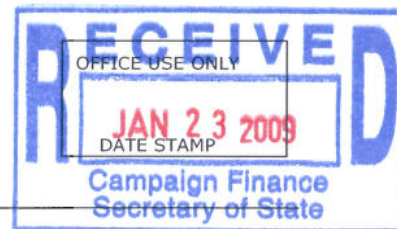


Name of Candidate or Committee ROGER G. ISHEE  
 Reporting period JAN. 1, 2008 through DEC. 31, 2008

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<i>NO DISBURSEMENTS GREATER THAN \$200</i>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

# CANDIDATE'S REPORT OF RECEIPTS AND DISBURSEMENTS

Name of Candidate Roger IsheeAddress 21-48th Street

County \_\_\_\_\_

Telephone 228-860-3017(Fax) 228-864-6929Contact Name \_\_\_\_\_ Email Address rishee@house.ms.govOffice Sought District 118

Political Party \_\_\_\_\_

☐ Check here if above is different from previous report

## TYPE OF REPORT

Annual Report

(January 1, 2008 through December 31, 2008)

Mandatory

## IMPORTANT

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## REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized	+	Non - Itemized	This Period	+	Calendar year-to-date
Total amount of contributions	\$1,750.00	+	\$500.00	\$2,250.00		\$2,250.00
Total amount of disbursements	\$0.00	+	\$527.00	\$527.00		\$527.00

Total amount of cash on hand	\$2,216.00
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I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

**Electronic Signature on file with Mississippi SOS Office**

2/2/2009

\_\_\_\_\_  
(Signature of Candidate)

\_\_\_\_\_  
(Date)

Authority: Refer to Miss.Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

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DELBERT HOSEMAN, Secretary of State, 401 Mississippi Street, Jackson, MS 39201 or FAX to 601-359-1499

2. Candidates for countywide or county district offices should return form to their county Circuit Clerk.

**CANDIDATE'S REPORT OF  
RECEIPTS AND DISBURSEMENTS**

OFFICE USE ONLY

DATE STAMP

**Receipt Detail**

<b>Contributor</b>	<b>Type</b>	<b>Source</b>	<b>Date</b>	<b>Amount</b>
United Health Care Services, Inc.	Monetary	Corporation	07/30/2008	\$250.00
Chevron	Monetary	Corporation	11/24/2008	\$1,000.00
Check Into Cash of Mississippi, Inc.	Monetary	Corporation	12/17/2008	\$250.00
Georgia Pacific Financial Management, LLC	Monetary	Corporation	12/31/2008	\$250.00
Receipt-Non-Itemized	Monetary		12/31/2008	\$500.00

CPR-SS 05-01

**CANDIDATE'S REPORT OF  
RECEIPTS AND DISBURSEMENTS**

OFFICE USE ONLY

DATE STAMP

**Disbursement Detail**

<b>Receipient</b>	<b>Purpose</b>	<b>Date</b>	<b>Amount</b>
Disbursement-Non-Itemized		12/31/2008	\$527.00